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I.

OBLITERATION OF THE VEINS.

On Obliteration of the Veins, as the Cause of Œdema, or Partial Dropsy, and particularly of the inferior Extremities.

[The cause of œdema is generally so obscure, that the reader will be interested in the following remarks taken from an essay on this subject in the Archives Générales, By M. Corbin, Physician to the Paris Hospital La Charité.]

OBSTRUCTION of the veins has been mentioned by various authorities as the cause of certain partial dropsies, and, among others, by Morgagni, Camper, Hodgson, Travers, Beclard, Raikem, and Bodson. The interesting article by M. Rayer (Dict. in 21 vols. *Hydropisie*), and two memoirs by M. Bouillaud (Archives, 1823 and 1824), contain a satisfactory account of all that had been previously done upon this subject. To M. Bouillaud, however, the credit is due of having completely established the fact, that dropsy does sometimes rely on this cause: he relies solely upon facts, and shows successively obstruction of the abdominal vena cava giving rise to œdema of both inferior extremities; of one iliac or femoral vein, to infiltration of one limb; of the vena porta, to ascites; of the superior

cava, or of the larger trunks which join it on the right or left side, to infiltration of the whole face and upper extremities, or to one half of the face and one arm. In this theory M. Bouillaud includes passive dropsies alone, and not inflammatory dropsies. Other pathologists, as Meckel, Travers, Chaussier, David Davis, and M. Velpeau, have attributed to a similar cause the acute œdema of recently delivered women. Several writers have recently endeavored to confirm and still further to develop certain parts of M. Bouillaud's theory. M. Reynard has shown, by additional facts, that obstruction of the vena porta produces ascites, and that it also gives rise to a dilatation of the superficial veins of the abdomen. This latter observation is highly important in a diagnostic point of view.

On the other hand, opponents to this system are not wanting. Hodgson, Travers, and Beclard, have recorded some cases which favor the views of M. Bouillaud, and others which are opposed to them. MM. Rayer and Bricheteau (Dict. in 2 vols. *Hydropisie*), tied the principal venous trunks, but no serious effusion was produced; and Bichat maintained that obstruction of the veins, and even of their principal trunks, did not in general give rise to dropsy.

It is not my intention to enter

into the discussion of the general question : I shall endeavor to illustrate one point only ; the case in which one inferior extremity alone is infiltrated, or a great deal more infiltrated than the other. Morgagni, Travers, Hodgson, and Bodson, have related four cases of this sort, and M. Bouillaud details four others in his first memoir : in all these instances there was an obstruction in the great venous trunks of the affected limb. It may not, however, be useless to add to the number of these cases, as we shall thus be led to draw more positive conclusions. Following the example of M. Bouillaud, I refer only to passive dropsies, and leave entirely out of the question what others have written respecting that painful species of œdema which occurs in puerperal women.

CASE I. Joseph Laliue, aged 31, was admitted into the Charité, April 20th, 1829 : he had for many years been troubled with cough and abundant expectoration ; he had night sweats and diarrhœa, and was reduced to the last stage of marasmus. Upon examining the chest, tubercular disease, in an advanced stage, was detected, especially of the right side ; but the symptom that particularly attracted attention was an œdematous swelling of the left lower extremity, which was nearly one third larger than the right. The limb was painful and heavy ; slight motion of it caused great distress. It was examined with particular attention, as there was no appearance of anasarca in any other part of the body. The vena saphena, and its divisions, appeared healthy, as far as could be determined on account of the swollen state of the limb. In the course of this vein no particular pain was felt, nor was there any redness of the surface in any part of the limb.

The patient died on the 1st May,

and his body was examined next day. The state of the lungs was not the particular object of inquiry, but the following appearances were found in the œdematous limb. The vena saphena, and its branches, were empty, healthy, and of a natural size. The external iliac vein, from about an inch before its passage under Poupart's ligament, the whole course of the crural vein, and all its deep-seated divisions, from their origin to their most minute branches, were converted into solid knotty cords. In the interim of these veins there were firm fibrinous clots, of a pale red color : in some parts the clots were rather soft, and like blood recently coagulated ; in others still softer, with the appearance of grumous sanies, of the color of the lees of red wine : such was, especially, the state of the blood in the iliac, and the commencement of the crural vein. The parietes of these veins were opaque, firm, and elastic, of a dull white color : in the other limb no similar appearances existed.

CASE II. A young man, named Millot, 20 years of age, was admitted, December 10th, 1828, into the Charité, in a state of great exhaustion : he died on the 18th January. From the symptoms he had previously labored under, it was presumed he had had a pneumonic affection, combined with ulceration of the intestines. As in the preceding case, the left inferior extremity was œdematous : the limb had swollen suddenly on the 3d or 4th of January : the infiltration was considerable from its first appearance, and continued to increase to such an extent that a very deep pit was made on the surface by pressure. The whole limb was painful : there was no redness of the skin, nor any apparent lesion of the veins, or any other part, which could account for the œdema.

Dissection. The left iliac vein, for about two inches above the crural arch, was filled with soft red gru-

mous matter, ("bouillie,") in which we thought we could detect a mixture of blood and pus. Above this part the vein was unobstructed, as was also the vena cava, which was examined as far as the diaphragm. Below, and down to the heel, the crural vein, and all its deep-seated ramifications, were filled and clogged up by a firm clot, which, for about five inches from the origin of the crural vein, was detached from the parietes, having a smooth round appearance, like a worm. In the iliac vein, a layer of brown, flocculent, thin fibrine was deposited upon the parietes, and separated them from the pulraceous mass above mentioned: it was easily detached, and raised in long shreds, like those which are found in the interior of aneurisms. The parietes of the iliac and crural veins, and the branches which were thus obstructed, were decidedly thickened and opaque. Around the veins, down the whole of the limb, the cellular tissue was preternaturally firm. At the groin, the hardened state of the cellular tissue was particularly observed: the lymphatic ganglions at this part were also indurated, but not much increased in size. The veins of the other limb were healthy.

In these cases the infiltration existed only on one side, and the vessels of the affected limb were filled with coagulated blood; but in the following instances the facts were different.

CASE III. A young Englishman, aged 23, was admitted, under M. Chomel, for a long-standing pleurisy of the right side, to which had succeeded effusion into the left cavity of the chest. Every means were in vain adopted to save him. From the commencement of his illness, the inferior extremities were slightly œdematous. The infiltration was much increased towards the end of the disease, and particularly in the left limb: the tumefaction was indo-

lent, without superficial redness, or any indication of any lesion of the vessels; the inguinal glands were healthy.

Dissection. Throughout the whole track of the crural vein, and in most of its branches, and also in the vena saphena and its divisions, were found sanguineous concretions, apparently of recent formation, of a soft consistence, and deep color: in some points, however, both in the large and small veins, the concretions were less firm, and of a paler color. In the other limb no appearances of the kind were detected.

CASE IV. Lavasseur, aged 46, was admitted into the Charité, January 30th, 1829: he died, the 9th of February, of an abscess of the liver, complicated with peritonitis and slight pneumonia. A few days before his death, both inferior extremities became œdematous; the left limb was most swollen. Notwithstanding the difference in the size of the two extremities, it had been presumed that the infiltration in them depended upon effusion within the peritoneum. The vessels of the right inferior extremity were healthy. The termination of the external iliac vein for about an inch above the crural arch, the crural vein, saphena, and all its ramifications on the left side, were converted into large, knotty, and hard cords. The proportional size of the veins may be imagined from that of the saphena, which was nearly the size of the little finger. All these veins were filled with a firm fibrinous coagulum. At the upper part of the vena saphena and crural vein, as well as in the iliac vein, the coagulum was of a brown pulraceous consistence. The parietes of these veins were thickened, and of a dull white color; the valves retained their delicate structure and transparency.

In the two last cases, the limb, whose vessels were found healthy, had been but slightly infiltrated dur-

ing life. In the following case, in which there was also a slight œdematous appearance, the vessels were not entirely free from obstruction.

CASE V. Victor Damosel, aged 43, entered the Charité, June 17th, 1829: he had long been in a consumption, and his speedy death was inevitable. The right inferior extremity was very œdematous; the left so slightly as not to be perceived by the eye; the œdema could only be detected by pressure. In about ten days he died.

Dissection. The termination of the inferior vena cava, from about an inch above its bifurcation, contained some clots of coagulated blood, of a light violet color. The common iliac and the external iliac veins of the left side also contained similar coagula, in a greater number, but still they were not sufficiently numerous to fill the vessels, and to offer a complete obstruction to the circulation of the blood. On the right side, the common and external iliacs, and all the superficial and deep-seated veins, from the crural arch to the foot, were filled and distended with coagulated blood, which was of a firm consistency in the smaller branches only. In the large veins, and particularly in the external iliac and origin of the crural, there were merely clots of grumous blood, of different sizes, mingled with reddish looking sanies, partly floating and partly adherent to the parietes of the vessel. The parietes of the veins were thick, firm, opaque, and white. On the left side no similar appearances were found, or, at least, there was no evident difference between the veins that remained free and those which contained coagulated blood.

In the following case also the lesions of the veins on each side were in exact proportion to the degree of infiltration.

CASE VI. Lecompte, a young

woman, aged 22, was admitted March 4th, in the last stage of a consumption. The only symptom that appeared remarkable in this patient was the excessively œdematous state of the right lower extremity: there was neither pain, redness, nor any lesion of the superficial veins, which could account for this symptom. Instructed by the previous cases, I predicted to my colleagues, MM. Dan-yau, Lemoine, Massot, Audiat, Dumoutier, Bessière, &c. that we should find the large venous trunks obstructed by fibrinous coagula. It is proper to state that the œdema of the limb had only existed for eight days; and this fact alone was sufficient to prevent the supposition of any other lesion. The patient died on the fourth day from her admission.

The whole of the deep-seated veins in the right side, including the common and external iliacs, were filled with a coagulum, which was partly firm and black, and recently formed, especially in the secondary branches. The coagulum was traced through the principal branch, from the vena cava to the heel: all the vessels in which it existed were much thickened. On the left side there were also some sanguineous concretions in the iliac and the origin of the crural veins: they were evidently recent, and, as compared with the right side, of very small size, and did not form a continued coagulum which could obstruct the circulation of the blood.

In other and similar cases I had not been fortunate enough to detect the "point de départ" of the obstruction to the free current of blood. In this instance, however, the lumbar and mesenteric glands were tuberculated: they were as large as a nut, and several of them, agglomerated together, formed, in different parts, masses like small apples. One of these masses was situated over the inferior vena cava, where it penetrates the liver, and

several others placed before it must have compressed the vein in different points when the patient was in bed, to which she had been confined for nearly ten months.

If we add these facts to those already recorded by Morgagni, Hodgson, Travers, Bodson, &c., and lastly by M. Bouillaud, we may positively infer that the partial dropsy of one of the inferior extremities depends upon the obstruction of the large veins which return the blood. From some of these facts I am induced to draw the same inference respecting those cases in which one limb becomes œdematous before the other, and in a much greater degree; and in this opinion I am supported by M. Louis, who in such instances has always detected fibrinous concretions, either exclusively, or in a larger quantity, in the veins of the limb which was most œdematous. It may, therefore, be established as a proposition, that when one limb is infiltrated to a certain degree, and for a length of time, there is always a material obstacle to the circulation of the blood through the veins in that limb. Let it not be forgotten that passive infiltrations alone are referred to; that neither the œdema of recently delivered women, which has been explained by M. Velpeau and others in a similar manner; nor that infiltration which coexists with certain erysipelatous inflammations, or that which follows these and other exanthematous diseases, is included. The day may, perhaps, arrive, when these cases may also be referred, either wholly or in part, to the theory of M. Bouillaud; but, as far as my experience extends, this would not be justifiable at present.

The obstacle which impedes the circulation of blood in the veins

may be of various kinds. Thus, a tumor situated in the course of the vessels, or the impregnated uterus, may produce the same effect as sanguineous concretions formed in the vessels; but it is these concretions we most generally find. But what are we to think of those cases in which no compression is exerted on the vessels? Are we to attribute the impeded circulation and coagulation of the blood to weakness of the general economy, or to an atonic state? It is certain that we find these conditions almost exclusively in weak subjects, or those exhausted by diseases. In other constitutions, the agents of the venous circulation, whatever they may be, triumph over the obstacle. Still, however, I am not disposed to adopt this explanation: it must be remarked, that the parietes of the veins, in such cases, are always hypertrophied, thicker, firmer, and more opaque than in their natural state. They nearly resemble arteries. Sometimes even the surrounding cellular tissue participates in the induration, as was found to be the fact in Case II.: this evidently supposes a state of inflammation, or chronic irritation. Should we not, therefore, attribute the coagulation of the blood to slight inflammation of the veins? This we know to be the ordinary effect of this inflammation; and the pain of which the first and second patients complained, strengthens this opinion. As I foresee many objections that may be urged to this doctrine, I suggest the idea merely as a conjecture. Whatever may be the origin of this alteration of the blood, the coagulation generally first occurs in the iliac vein, or the commencement of the crural: when once this point is obstructed, the blood coagulates gradually in all the

collateral branches. An attentive perusal of the preceding cases, and the state of the blood in different points of the veins, can leave no doubt upon this subject.

The six cases related may appear insufficient to confirm the pathological doctrines advanced in this paper, if there were not many others of a similar nature : I should, therefore, mention, that the above are selected from twenty similar cases, two thirds of which I have omitted, either because they were deficient in important facts, or were merely a repetition of the others. In cases III. and IV. no particular appearances were found in the veins of one of the limbs, which was nevertheless very œdematous : here the infiltration was secondary, and of that kind which almost always takes place towards the fatal termination of chronic maladies, in consequence of a languid circulation of blood.

II.

DEATH FROM DIGITALIS AND VENESECTION.

By S. B. SMITH, M.D., Surgeon, U. States Army.

SCIENCE loses an interesting portion of the labor of physicians, because records of the salutary influence of medicines only, are extensively promulgated ; whilst the generous, but unavailing efforts to arrest destruction, criminal ignorance or neglect of duty, and above all, the baneful tendencies of known or experimental remedies, are, for the most part, sedulously concealed.

Acting upon a different principle, I record the painful fact, of a man's having been sent, by my agency, to his last account, before his allotted time ! This is no paradox ; he was destroyed at once, by the means intended for his benefit.

Our profession regards ordinary instances of dissolution as unpleasant inconveniences, which are soon forgotten : but when death is hastened by visible means, impressions never to be forgotten are made upon the actors in the scene. In the case about to be related, these impressions were heavy upon me, and although the time is long since past, they are still green in my recollection. From observations made upon the destroying agent, since the period alluded to, I am inclined to believe that this lamentable curtailment of life was attributable, as much to the peculiar state of the sufferer, as to the positive quality of the poison. The facts which induced such a belief, are given, and the attention of practitioners invited to them. Their experience will confirm or reject my speculation. In either case the cause of humanity will be subserved.

W. Stillwell, a fifer in Major Thomas Biddle's company of artillery, stationed at Fort Mifflin, Pennsylvania, aged 20 years, returned from furlough on the 17th March, 1817, and on the 19th, he was brought to the hospital, the most finished object of debauchery I had ever seen in one so young. His face was preternaturally enlarged ; his cheeks, mottled with "whilks, and knobs, and purple fire," were protruded beyond the nose, which partook largely of the disgusting rosa of the cheeks. His eyes were dull and blood-stained, and a reddish-colored serum oozed from the corners of his purple bloated lips. In truth, he stood upon the verge of chemical decomposition. To these were added, irritable stomach, shiverings, yellow skin, swollen ankles, difficulty of breathing, incessant cough, pain in the chest, and confusion of intellect.

Two intentions were here to be answered; the first was to allay irritation, and the second to remove an obviously diseased state of the liver. The first was accomplished by warm baths, rest, opiates, and diet; and the latter by a protracted course of purgation, followed by gentle salivation. It required a hundred days and upwards to restore this loathsome mass to that state of health necessary to the discharge of duty. As has already been seen, this man was prone to beastly intemperance, and he would incur every privation, and indeed corporeal punishment, to indulge in the use of ardent spirits. With a view to avoid observation, and to drink undisturbed, he pretended business in Philadelphia, and as there was much music in the garrison, he was permitted to be absent eleven days, toward the close of July. It was evident, at his return, that he had spent his time in exclusive dissipation. On the 5th of August, he was reported sick with the "horrors" of the soldier. This means, deadly sickness of stomach, constant retchings, and universal shivering. To counteract these, he was ordered a warm bath, free opiates, and brandy toddy. On the 6th and 7th, his cough was without intermission. There was great difficulty of breathing, and considerable pain in the chest; the pulse was so confused as to resemble a convulsion. With too little reflection, I prescribed three grains of digitalis, to be divided into four equal parts, all of which were given in the course of the day. In the evening, soon after taking the last dose, he was reported to be very ill. I found him in deep coma, with dilated pupil, stetorous breathing, a rapid, weak, intermitting pulse, and occasionally convulsed.

He was instantly bled, and after taking opium, camphor, and ammonia, he was placed in a warm bath. The blood drawn was almost black, but after an interval of two hours, as the adverse symptoms still continued, he was again bled and placed in a warm bath. The pulse suddenly sunk, and after a few short spasms, he expired, thirteen hours after taking the first dose. A careful examination of the body too truly informed me how the sudden death was accomplished. The energy of the brain and heart, or sensorial power, had been completely overwhelmed in a few hours by the activity of a poison unnecessarily administered. Although no part of the body could be said to be absolutely free from disorder, yet there were no appearances that could warrant so disastrous a termination. The internal head alone gave decisive proof of great morbid action. The brain and membranes were loaded with purple black blood, which was obviously the cause of coma, and possibly of the convulsions; of the latter, however, reasonable doubts must exist until a sufficient number of dissections shall determine whether this state of the encephalon always follows the over use of narcotics. Death from this class of medicines is always preceded by coma and spasms; but these latter take place so soon after their exhibition, as almost to exclude the belief of their being secondaries. This patient had no symptom of brain disease on the morning of the day of his decease, and the steward who gave him his medicine informed me that he had no complaint until after taking the third dose, when he had sickness of stomach and dizziness, and said that he could not see distinctly. Had this been reported to me, this

poor inebriate might have been spared a little longer, perhaps, to repent of his evil ways. His irritable pulse, languid absorbents, cough, and anhelation, were merely so many expressions of nervous exhaustion, which proper diet, quietude, and opiates, would have removed in time, had I only permitted my usual perceptions to have operated in his favor.

In the seven succeeding years, I employed digitalis several times in diseases which originated from, or which have been aggravated by intemperance. It uniformly induced some unpleasant effects, and was necessarily abandoned for less dangerous remedies. I was compelled to admit, that this violent medicine was particularly obnoxious to that state of nervous irritability and exhaustion consequent on long protracted intemperance, and that it should be cautiously employed with a drunken soldiery. It was not, however, until the close of the year 1824, that I became fully satisfied that the practice with such a class of men was to be abandoned. In the summer of that year, almost every individual in the garrison and vicinity of Fort Mifflin was afflicted with some form of bilious disease, and many of them were of malignant character. An unusual number of chronic diseases followed, and among those in garrison were eight cases of dropsical effusions from congestions. Five were ascites, two hydrothorax, and one in which both forms were combined. All these patients were intemperate, save one (a woman), which rendered their treatment tedious and embarrassing. I used the digitalis in every case, but it proved decidedly hostile to all but the woman, who had ascites. Combined with cremor tartar and iron, it cured her in a

surprising manner; but as often as it was attempted in either of the other cases, symptoms obnoxious to safety occurred. Two of the men were absolute drunkards, and the digitalis exerted an influence particularly pernicious to both;—such as cold sweats, virginous whirls, dilated pupil, and sunken pulse. One of them died, and his exit was certainly hastened by its use. The others were intemperate, although not strictly drunkards, and with them I persevered in its use; but nervous tremors and cold debilitating sweats admonished me that I was driving them to death. I have a patient now with ascites, from enlarged viscera, of long standing, caused by bilious fever of a southern climate, and aggravated by intemperance. I have three times given him the fox-glove in light doses, combined with aromatic infection, but loss of appetite, night sweats, and diarrhoea, invariably followed its adoption. I have another soldier with strumous pulmonary inflammation, who has abused his constitution with the use of ardent spirits; in him also the digitalis caused vertigo, cold sweats, and diarrhoea, although prescribed with great caution, and combined with opiates.

Our profession is one of distress, and requires an uncommon philosophy, or a brutal insensibility, to sustain the perpetual demand made upon our sympathies; but no part of my practice has been more irritating and perplexing, than patiently to wait upon the mixed disorders which are based upon rum. The weakness of humanity is here in its last state of degradation, and while we anathematize the destroying cause, we are unable to abandon the victim. A double misery is pressed upon us as men, and the

profession is rebuked because of its insufficiency to restore an exhausted constitution ! It is hard that day by day and night after night we are compelled to "alleviate the pain inseparable from existence, and to soothe the sorrows allied to humanity,"—but it is absolute cruelty, when we know that these pains and these sorrows are inflicted by profligate vice. I have labored with unceasing assiduity to fix upon some means by which to counteract the desolating powers of ardent spirits, but can find none. The accursed "hair of the same dog" must be given to the violator of reason, of honor, and morality, until death removes him from our sight.

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III.

CASE OF MALIGNANT PHAGEDE- NIC ULCER.

By AMOS POLLARD, M.D., N. York.

I WAS called on the 8th of August, 1829, to attend Mrs. M—, whom I found suffering from an inveterate ulcer on the right leg, anteriorly midway, and extending deep between the bones. Likewise two of a more superficial character ; one situated on the middle and outward part of the right thigh ; the other on the gluteus-maximus muscle of the same side. She complained of excruciating pain at intervals, principally in the foot and ankle, attended with some degree of lameness. The ulcer on the leg, (which was about the size of a dollar,) presented a ragged edge, was partly filled with a dark-colored, striated, putrid mass, from which a black sanious matter was continually discharging. The other sores presented a different appearance ; were each of the size of the palm of the

hand ; the skin ulcerating in fistulous holes, surrounded by a dark purplish areola, and appeared fast extending. Mrs. M. is an English woman, of a good habit of body, and has borne ten children. She was attacked with inflammation and swelling of the leg, which terminated in this species of ulceration, only two weeks after her last confinement, eleven years ago, during all which time (except a very short interval), the ulceration of the leg has existed ; frequently changing its location, healing in one place, and appearing in another. The leg, on the outer and back part, presented the appearance of one continued cicatrix. The fleshy bellies of the gastrocnemii muscles were greatly diminished. The ulcers on the thigh and hip were only of about six months' standing. She states, in her history of the case, that she was treated in the first instance with blisters applied directly to the inflammation and swelling, which, however, did not prevent suppuration ; and from thence may be dated the origin of the ulceration. She had been attended at different times, by several eminent surgeons of Dublin and elsewhere ; who appear, nevertheless (by her statement), to have pursued a *pro-re-nata* treatment, for the most part, of emollient poultices and detergent washes and ointments. However, the ulceration progressed, as above stated, till her voyage to this city operated a change in her constitution, and the ulcer healed. It remained sound, however, a very short time, when the ulceration again commenced with increased violence, and extended to those other parts above mentioned.

My treatment of this case was very simple, consisting internally of the ordinary decoction of sarsa-

parilla and guaiacum, to which was added a small quantity of corrosive sublimate, according to the following formula :—

R. Rad :—Smilacis Sarsaparillæ,
Ras :—Ligni Guaiai. ãã ʒ iv.
Hydrargyri-per-chloridi grs. iii.

The dose of a decoction of three pints, being a half gill, three times per day ; which my patient took regularly and constantly during eight months, at the same time using a mild but nutritious diet. The local treatment in the first instance consisted of the frequent application of the lunar caustic, a free use of aquaphagedenica, or yellow wash, and the constant application of a flannel bandage, extending from the toes to the hip ; the ulcers being covered with simple cerate. I continued this treatment six months, with little apparent benefit, when the caustic and wash were exchanged for the liquor potass. arsenitis, and the simple cerate for the ungt. stramonii, which in the course of a month (in conjunction with the decoction internally), produced evident and beneficial changes. The discharge became of a thicker consistence, approaching to the healthy pus. The ulcers began to contract, and in eight months they were perfectly healed, and my patient has since continued in uninterrupted health. She pursued, however, a desultory use of the decoction for several months longer. I have used both the above preparation and the panacea of Swaim extensively for several years, and my experience is in favor of the simple decoction, on account of its cheapness ; for I have ever been able to produce every remedial effect that I ever saw accrue from the use of that celebrated nostrum. My experience will warrant me in asserting, that it is capable of effecting all the

remedial changes in the human system, which are so generally ascribed to that *QUINTESSENCE* of quackery, *Swaim's Panacea*, so universally celebrated in our civilized community.—*Ib.*

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THE LONDON UNIVERSITY—REMOVAL OF MR. PATTISON.

No accurate observer of the events which have interested the medical world the last five years, can view with indifference the slightest symptom of an unfriendly feeling among those of the faculty, whose lot has fallen to them in the same place or vicinity. Personal animosities and jealousies, clashing interests, and an undue emulation among neighboring physicians, are equally destructive to the peace and honor of those concerned, and to the general estimation and usefulness of the profession. Influenced by a high and honorable feeling, governed by the noble ambition of promoting the advancement of medical science, and elevated above the low and grovelling jealousies which have distracted medical society abroad, the faculty in this country have certainly taken the high-ground of their transatlantic brethren. Whilst the latter have spent their time and strength, lost their temper, and ruined their happiness, in preferring and repelling petty charges of a personal nature, and afforded, sometimes for the amusement, and at others for the disgust of the public, the spectacle of a conten-

tious brotherhood, we have fortunately escaped these quicksands, and urged forward in the direct and quiet course of medical improvement. It is to be hoped, that the good feeling and liberal spirit which now prevail, may never be interrupted by the intrusion into our ranks of any narrow minded partisan, or insidious disorganiser. The medical profession has no more deadly foe than party spirit. "It converts halls, dedicated to the innocent and peaceful cultivation of learning, into arenas of gladiatorial and vindictive combat; substitutes selfish and grovelling jealousy in the stead of a noble and generous emulation; destroys the uninterrupted friendship of years, and the sacred sympathies of a common pursuit. It sacrifices both personal and professional dignity, at the unhallowed shrine of temporary interest."

Among reasonable men, there are few, if indeed there are any, reasonable ends, which may not be accomplished in a friendly and peaceable manner; and any designs of a different character, it were better should not be effected at all. Violent and public measures, therefore, are *prima facie* evidence of their own unreasonableness, as well as of the narrow views of those who rashly resort to them; and there are few cases on record, in which such evidence has not, in the end, been confirmed.

We have been led to these remarks by the course pursued by the Council of the London University, in relation to several of its professors. The high hopes entertained at the opening of this institution, of its future usefulness, have been thus

far disappointed. It appears to have been the source and scene of numerous and disgraceful disputes, involving the character and claims of distinguished men, and highly derogatory to its governors. The course pursued by the Council has been most remarkable. They have been governed, so far as published facts, and even their own statements enable us to form an opinion, by the whim and caprice of the pupils, instead of the principles of honor and justice. In consequence of these strange proceedings Mr. Charles Bell was induced to leave the institution, and in him departed one of its ablest professors and most powerful supporters. They have come very near losing the services of Dr. Lardner, the able editor of the *Cabinet Cyclopaedia*, a work which circulates in England more widely perhaps than any other in the language, and is justly, and with much avidity, sought after and perused in this country. But of all the acts of that assembly, the recent removal of Professor Pattison is certainly the most astonishing. The same letter which informs him of his removal from the professorship, explicitly declares the belief of the Council in his unimpeachable character, and professional knowledge and ability. Having had the misfortune to be unpopular among the students, who, conscious, without doubt, that they had the control of the institution, seemed inclined to exercise their power at all hazards, Mr. P. paid the forfeit of his unpopularity by the loss of his chair. We cannot but attribute the disgraceful proceedings,—of which this is the

latest,—that have occurred at the University in question, to the social state of the faculty in England; and it is subject of sincere regret, that members of a *liberal* profession, striving in a common cause—the cause too of science and humanity—should indulge in such personalities, and expose them so freely to the public, as have our brethren of the great metropolis of Great Britain.

With regard to Mr. Pattison, however ungrateful to his feelings may be these proceedings, he will doubtless suffer little in any other way, in consequence of his removal. He will escape scenes which must be extremely disagreeable to him, and if we may be allowed to judge from the testimony of the "Council," his talents and abilities will insure him a high rank and place in any medical institution. He has indeed already received an invitation to the chair of Anatomy, in Jefferson College, at Philadelphia, where he is personally and professionally known.

SKETCHES OF THE HISTORY OF MEDICINE.

4. *Chiron and his Disciples.*—Homer, in his account of the Trojan war, the earliest classic we possess, makes us acquainted with the degree of skill which had been acquired at that period in the treatment of disease, and with the names of those who were celebrated for their proficiency in the art. Chiron, from whom many of these medical heroes claimed their descent, and others professed to have derived their knowledge, was an inhabitant of Mount Cithræon, in Thessaly, and flourished

before the Expedition of the Argonauts. He belonged to the race of the Centaurs, who are represented in poetry and sculpture as a race of monsters, half man and half horse. The origin of this fable is not distinctly known. The explanation which refers it to the skill in riding, possessed by the mountaineers of Thessaly, which gave to the inhabitants of the vallies the impression of a supernatural appearance, is adopted by many writers, but is not of very high antiquity. The fable itself is attributed by Galen to the poet Pindar. The Centaurs of earlier authors are not monsters, but a savage people inhabiting the mountains of Thessaly, among whom Chiron was particularly distinguished. When this people were vanquished by the Lapithæ, he retired to Malea, and died of a wound he received from one of the arrows of Hercules, which had been dipped in the blood of the Lyrnæan hydra. As the wound assumed a malignant character, and became incurable, ulcers of this sort were after called *chironean*, and the plant with which Chiron attempted to cure himself received the name of *chironea* or *centaureum*.

Most of the early Greek heroes acknowledge Chiron as their master in every branch of human knowledge. Among his disciples are reckoned Esculapius, Nestor, Meleager, Theseus, Ulysses, Castor, Pollux, Æneas, Achilles, and many others. He employed medicinal plants with so much skill and success, that he is regarded by many as the inventor of the art of healing. Divine honors were paid him after death.

In the Homeric poems, Achilles is the most celebrated of all the pupils of Chiron. His friend Patroclus applied to the wounds of Eurypylus drugs whose use he had learned from Achilles. "After washing the part in warm water, he removed the black blood with which it was covered, and then applied a bitter root, of healing power, which he had bruised in his hands. In an instant the pain is assuaged, the blood ceases to flow, and the wound dries up." The root thus applied is stated by the scholiasts to have been the millefoil or aristolochia, which is now known by the name of Achillea.

The most famous, however, of the disciples of Chiron, and perhaps the most celebrated name in the history of medicine, is Asclepius or Esculapius. The accounts of his birth are various and contradictory. Ancient authors agree in making him the son of Apollo, but by whom is uncertain. Like the other heroes above mentioned, he was instructed by Chiron in all the arts, but especially in that of curing external disease. With regard to internal affections, it does not appear that their study or treatment formed at that time an object of attention. The skill acquired by Esculapius was therefore probably limited to dressing and curing wounds with herbs fitted for arresting hemorrhage and relieving pain. Plutarch tells us that the practice of the ancient Greeks was limited to the employment of these means. Pindar describes in the same manner the method of Esculapius. His skill was principally displayed in the treatment of old

ulcers and recent injuries. His remedies were agreeable drugs, diluents, external applications, and incisions. The accounts of the death of Esculapius are as various as those which regard his birth. According to the most ancient tradition, he was killed by Jupiter, at the request of Pluto, who complained that his kingdom was no longer furnished with subjects.

His two sons, Machaon and Podalirius, were among the Grecian heroes at the siege of Troy, and equally distinguished for their valor in the field, and their skill in curing the wounds of their companions. They acquired, in fact, by this means, so high a reputation, that they were excused from other military duties, and permitted to devote themselves to the practice of their art. By some of the scholiasts and Homer, it is asserted, that they divided between them the departments of medicine and surgery; but it is not proved that either employed any internal remedies. After the Trojan war, Machaon passed the remainder of his life in Messenia. He was at last slain by Erypylus, son of Telephus.

Podalirius, at his return from Troy, was thrown by a tempest upon the isle of Scyros or Nisyros, where he landed safely. From this he found his way into Caria, of which country Democritus was then king. Having made himself known at the court of this prince, he at once proved his medical skill by curing the daughter of the king, who had been greatly injured by falling from a building. He bled her in both arms, and succeeded in restoring her to health,

although her recovery had before been despaired of. In token of his gratitude for this benefit, Democritus offered to Podalirius his fair patient, and with her a large part of Caria as dowry. The story possesses considerable interest, as it is the first account we have of the practice of venesection. The history of Podalirius is, however, related in different ways.

The name of Hercules deserves a place in medical history. Though it does not appear that this hero practised the art of healing, yet his benefits to mankind caused him to be revered. Many of his labors were of a nature to avert disease, and promote the welfare of mankind. We know that in Attica he was worshipped under the name of Alexikakos, because he had caused the cessation of a pestilence. He also checked the progress of an epidemic which ravaged Aulis, by turning the course of a river, and in consequence received in this country the name of Soterios. The name of Herculean disease has been given to epilepsy, but whether from its severity, or because this hero was affected by it, is not ascertained.

MEDICINAL EFFECTS OF OXYGEN.

A RESPECTABLE physician of London has given us two cases of the administration of oxygen gas as a remedial agent, which deserve the attention of the faculty. One of these evinces the power of this gas over the organs of voice, and both tend to confirm the opinion of its general influence as a tonic. Mrs. S. who was the subject of the first, had

long suffered from an entire loss of voice, a complaint not at all uncommon, and which frequently baffles great skill in treatment. She was of nervous temperament, and had been many years subject to distressing spasmodic affections, requiring the frequent use of opium in large doses. In about a month after commencing the use of oxygen, diluted with three parts of atmospheric air, the general health began to improve. Her nervous attacks became more rare, her countenance and strength improved, the voice began to be heard, and at the expiration of five months, its tone became natural, and its power as great as before her illness.

The other case was one of great debility from protracted disease of the eyes, and the confinement, despondency, &c., consequent on its unsuccessful treatment. After a few weeks inhalation of the diluted oxygen, her sleep returned, her spirits rose, her countenance and health improved, her pulse became less feeble, and the blood taken from the vicinity of the eyes, from an almost watery transparency, became of its usual florid color.

The invigorating effect of oxygen on the system has been fully confirmed by past experience, but its special power of giving strength to the organs of the voice is not so generally known. The celebrated Mrs. Siddons was in the habit of availing herself of this agent when preparing to charm a London audience. After inhaling six quarts of oxygen mixed with twice the quantity of atmospheric air, her lower tones were distinctly heard at the distant parts of that im-

mense house, the Covent Garden Theatre; and her strongest efforts were not followed by that exhaustion, sometimes amounting to syncope, which at other times followed them. Mr. Melrose is said to have adopted the same expedient, and to have been able, by the agency of this gas, to raise his voice one or two notes higher than he could do without it. Other instances are on record, in which the same agent has been successfully employed by vocalists, to increase the scope, and give additional vigor to the voice. It is said, also, that clergymen in England have tried this experiment, and the happy effects of it been noticed by their hearers.

We are not aware of any case in which oxygen has been used in this country in the cure of disease. Should suitable cases offer to any of the faculty, we trust they will not be behind their transatlantic brethren in bringing to the aid of their patients this valuable discovery of modern science.

LECTURES ON CHEMISTRY.

DR. HANAFORD, of this city, has just published a small duodecimo, containing a series of lectures on Chemistry, in popular language. He appears to have brought into a small compass most of the facts in this science useful to be known by people in general; and either as a substitute for attendance on lectures, or as an associate means for familiarising oneself with this highly interesting branch of education, the work of Dr. H. well merits perusal and study.

Attached to these lectures, are di-

rections for performing experiments with a small apparatus, and a series of questions on the subject of each lecture, by which two persons pursuing the study together may examine each other thoroughly and systematically, and thus fix more strongly in the mind such facts as ought particularly to be remembered. We cordially recommend this little work, not so much to the professional student as to the general reader, and those who wish to acquaint themselves with the science in an easy and agreeable manner, and at little cost either of time or money.

RESIGNATION OF DR. PHYSICK.

DR. PHYSICK has resigned his Professorship of Anatomy in the University of Pennsylvania.

Expected Publications.—Carter & Hendee will shortly publish the "Introduction to the Study of Human Anatomy, with Illustrations, by James Paxton, with additions by an American Surgeon," which we announced as in preparation some months ago. Also, "An Essay on Demonology, Ghosts and Apparitions, and Popular Superstitions in general, with numerous appropriate Anecdotes. Also, an Account of the Witchcraft Delusion at Salem, in 1692. By James Thacher, M.D."

Chlorine an antidote to prussic acid.—By dropping prussic acid upon the eyes of three dogs and dividing the symptoms into three stages—1, uneasiness—2, tetanus—3, interrupted respiration, the experimenters, Persoz and Nonant, found that chlorine applied at these three different stages produced, in the first stage, immediate relief; vomiting and alvine discharges occurred, and the animal in half an hour was as lively as at first. Applied at the second stage, the rest-

lessness continued a while, as also the convulsive movements, &c., as before, and at the end of an hour the animal was perfectly well. The same two dogs being treated the next day with the same quantity of prussic acid, without chlorine, died in a few minutes. In the third case, before the chlorine was applied, the respiration had ceased for twenty-five seconds, and the animal was rapidly perishing. The chlorine recalled it to life, and ultimately restored it to full vigor.

Afterwards two dogs of equal strength were taken, the crural veins laid bare and separated from the accompanying nervous fibres, and then a drop of prussic acid was put upon each vessel; the effects were instantaneous,—a few drops of a solution of chlorine were let fall on one of the crural veins—the other animal was left alone. The first was immediately recovered as it was injured; the second died directly. The first felt no inconvenience, after some hours, except from the wound. Endeavors were then made to kill him, by putting prussic acid upon the eye, and upon the crural vein of the opposite side; but the animal only felt a temporary inconvenience, and a few convulsive movements, and was very quickly at ease. Chlorine,

then, previously administered, is an effectual antidote to prussic acid.—Chlorides of lime and soda were found to possess no corresponding powers, but were quite inert as antagonists to the hydro-cyanic acid.—(Ann. de Chimie.)—*Jour. of Royal Inst.*

To make Sealing Wax.—Those who use large quantities of sealing wax may find it economical to make it, which is very easy. Take equal weights of gum lac, vermillion, and pure Venice turpentine. Melt them over a gentle heat, and stir them well together. Take a detached portion of the mass, and roll it with the hand upon a plate of copper slightly heated; or rather it may be cast in a mould made on purpose, of plaster, of horn, or of copper. Instead of vermillion, other colors may be used, according to the tint which it is desired the wax may have.—*Jour. de Connois. Usuelles, Sept. 1831.*

Whole number of deaths in Boston for the week ending October 28, 37. Males, 17—Females, 20.

Of typhous fever, 2—lung fever, 7—suicide, 1—old age, 1—fever and ague, 1—mortification, 1—fever, 2—unknown, 4—throat distemper, 1—brain fever, 2—debility, 1—child-bed, 1—croup, 3—infantile, 2—dropsy on the brain, 2—convulsions, 1—drowned, 1—scarlet fever, 1—hooping cough, 1—consumption, 1.

ADVERTISEMENTS.

LECTURES ON THE DISEASES OF THE EYE.

A COURSE of Lectures on the Diseases of the Eye, will be delivered at the Rooms of the Massachusetts Charitable Eye and Ear Infirmary, to commence on Wednesday, the ninth of November, and continue twice a week, on Wednesday and Saturday.

The demonstration of the anatomy of the organ will be much aided by improved wax models just received by the Institution from Italy.

The Pathology of the Eye will be explained by illustrations from the cases which attend the Infirmary.

The Lectures will be delivered in the afternoon, at half past three o'clock, which will afford opportunity to Medical Students to attend.

October 2, 1831.

JOHN JEFFRIES.

. The Lectures are delivered for the benefit of the Infirmary.

Oct. 18.

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